State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name: BLUE SPRUCE MOBILE ESTATES PWS ID# 41 00515

Month/Year: 10 / 25 Entry Point: EP-A Required Minimum Residual 1.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:20	1, 2, 3	1.3	4
2	9:00		1.3	
3	8:00		1.3	
4	7:30		1.3	
5	5:46		1.4	
6	6:26		1.4	
7	10:02		1.4	
8	11:12		1.4	
9	9:31		1.4	
10	9:25		1.4	
11	10:20		1.3	
12	11:02		1.3	
13	8:41		1.3	
14	9:20		1.3	
15	9:22		1.3	
16	8:07		1.3	
17	10:20		1.3	
18	9:41		1.3	
19	11:00		1.3	
20	9:32		1.3	
21	10:30		1.3 1.3	
22	8:02		1.3	
23	7:05		1.3	
24	5:45		1.3	
25	3:10		1.3	
26	9:38		1.3	
27	10:26		1.3	
28	11:30		1.3	
29	8:41		1.2	
30	7:20		1.2	
31	9:02		1.3	

Was the chlorine residual ever less than the required minimum residual of 1.2 mg/L? ☐ Yes ☒ No

If yes, what was the longest time period until the required level was restored? ____ hours

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to ____ mg/L? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: ___/___/___

Date it was returned to service: ___/___/___

Printed Name: Mary Jo Bohnenkamp Title: MANAGER

Signature: Mary Jo Bohnenkamp Phone #: (707) 769-3876

Date: 10/31/2025

Operator Certification #: _____

OR

Small Groundwater System ☐